

of treatment was now resorted to. She was put on the steady use of hydrarg., prot. iod., p. scillæ., and p. digital., which after five weeks slightly affected the gums, and acted very freely upon the kidneys. Three months have now elapsed, the patient's general health is very good, the anasarca has entirely disappeared, and she has once menstruated; being the second time in the period of eighteen months. From a recent examination by several medical friends, it is evident there is no return of the disease, both iliac regions being in a natural condition, and the abdomen perfectly flaccid.

From the previous speedy return of the disease, and the period which has elapsed since the last operation, I am led to hope that its re-appearance need not be looked for; and that this may prove one of the few cases which yield to medical and surgical treatment combined.

Remarks.—The sanguineous appearance of the fluid first evacuated was new to me and to those friends who saw it. The resemblance of the fluid to blood was so exact that most of those who saw it, did not hesitate to pronounce it blood. Whence was this colour? probably from a small quantity of blood being mingled with the fluid, the blood having flowed from some artery wounded in the operation. The trocar, as I have mentioned, seemed after having penetrated the abdominal wall to pass for some distance through a firm, dense structure. This was probably one of those tumours by which the walls of ovarian cysts are very frequently occupied—in it the blood vessel which supplied the blood, probably existed, and it was the dense fibrous structure of this tumour which prevented the free flow of the fluid on the first operation. That the bloody hue of the fluid was accidental, is proved by the fact that although the fluid was not entirely evacuated on the first operation, yet at the second it was found quite clear, though coagulable as before.—*New York Med. Gaz.*, September 15, 1841.

Case of pregnancy attended by a remarkable discharge from the uterus, followed by a safe delivery. By S. E. LEONARD, M. D., of New Albany, Indiana.—About the 1st of September 1840, I was called to visit Mrs. N. in her fifth pregnancy. She supposed herself to be between the fifth and sixth months of uterogestation; but of this she was entirely uncertain, judging alone from her having quickened about the 1st of August. Her menses observed their regular periodical return until within the last six or eight weeks, as they had done during her last pregnancy, which resulted in the birth of a child at the full period. I found her discharging water from the vagina, which gushed forth copiously, unattended with pain or dilatation of the os tuncæ. I also found the neck of the uterus elongated as in the sixth month. I enjoined rest in the horizontal position, and administered an opiate. The discharge ceased in a few hours, and the next day found my patient comfortable.

September 9th. After one week's intermission, the water again began to pour from the vagina much more copiously than during the first attack, accompanied with a sense of uneasiness, and bearing down, rather than pain, in the pelvic region. To use her own language she "felt as if the whole contents of her abdomen would come from her." For a few days past she had been subject to periodical returns of fever commencing every afternoon. Bowels torpid. Gave a mercurial cathartic, after the operation of which she had no return of febrile paroxysm. A very visible diminution of the abdominal tumour had taken place, in consequence, no doubt, of the immense discharge of water from the uterus, which in the two attacks must have been several quarts. Continued the opiates after the operation of the purgative, and still enjoined the horizontal posture. The flow of water continued, with occasional intermissions, for about forty-eight hours, at the end of which time a very considerable quantity of sanguineo-purulent matter was discharged.

11th. The abdominal tumour almost entirely subsided. Says she feels plainly motions of the fetus.

12th. I learned from her to-day that she increased much more rapidly in size than she had ever done in either of her former pregnancies. In one month from the first appearance of uterine enlargement, she was as large, or larger, than ever before at the time of her accouchement.

28th. Was again called in consequence of a return of the discharge of water, which had abated for about two weeks, and learned, that for the last twelve hours water had been flowing from the vagina in almost a continuous stream. Patient informed me that since it last ceased, her size had remained almost stationary, until about three days since, when her size began to increase most rapidly, and, in her own language again, "she became a complete burden to herself." The discharge commenced with a sudden gush. She still feels plainly fetal movements. Upon making an examination can readily trace circumscribed enlargement of the uterus. Os tineæ not at all dilated; distinctly felt the water flowing from it. No uterine pain. This last discharge produced great prostration and nervous irritability. She had taken rhubarb and soda in the morning, which operated slightly. Prescribed opium, 1 gr. every four hours.

The discharge continued longer and more profusely than in either of the preceding attacks, but again ceased entirely.

October 2d. The respite was of short duration, as she was again attacked with the flowing of water, which continued for several hours; the latter part of which time it was highly coloured with blood. This, though quite profuse, had but little effect in reducing the size of the abdomen.

4th. The water to-day is of a deep yellow colour, and she thinks much more copious than ever before. I am well satisfied that she passed more than a quart of water per diem, perhaps double the quantity, for four or five days successively; on the fourth it was intermixed with lumps of matter of a caseous appearance as large as a filbert. Urinary secretion almost entirely suspended, not voiding it more than once in twenty-four hours, and not exceeding two or three ounces at a time. General health better. Water from vagina still of a deep yellow colour.

10th. Found my patient in great spirits, sitting in an arm-chair contrary to directions, and quite comfortable. The evacuation entirely ceased for a few hours this morning, during which time she suffered great oppression. On the renewal of the discharge she became again quite easy, and so remained during the day. Urinary discharge continues very scanty.

12th. Summoned hastily, and found her much alarmed, discharging blood mixed with water most profusely from the vagina; sometimes clots of blood alone. I immediately prescribed saech. saturini and opium with cold applications; enjoined the horizontal position and absolute quietude. Upon examination I found the neck of the uterus as in the seventh month of pregnancy, and satisfied myself that there was neither entire nor partial implantation of the placenta over the mouth of the uterus; as well as that the discharge was from within the chorion, and not as I sometimes suspected from immense hydatids exterior to the membranes. The membranes being ruptured, I was able distinctly to feel one of the lower extremities of a fetus.

13th. Discharge of blood continues, and although very copious, has but little effect in reducing vascular action. Stomach extremely irritable; vomiting almost incessant; complains much of acidity. Gave alkalies freely.

14th. Vomiting more and more distressing; great praecordial uneasiness. No abatement, but rather an increase of the discharge from the uterus, of blood and water. About five o'clock, P. M., called in great haste, and found, much to my relief, that labour had fairly commenced—it being the first time during the whole period of discharge that the uterus showed any disposition to rid itself of its contents. Found the os tineæ dilating; nates of a fetus presenting, which was delivered, weighing about three pounds. Uterine contractions soon returned, and a second fetus was delivered, a vertex presentation, of about the same size as the first. Both lived several hours.

After labour commenced there was no discharge of either blood or water. The twins were contained in one common involucrum, and consequently there was but one placenta. Patient continued to vomit incessantly until the birth of the first child, when it ceased entirely, and she became comfortable immediately after delivery. About ten days after delivery, she voided a large quantity of purulent matter, which continued occasionally for two or three days.

In three weeks after her confinement the patient left this place for the South in good health and spirits.—*Western Journ. of Med. and Surg.*, February 1841.

Ununited fracture of the tibia successfully treated with the seton. By Wm. DONNE, of Louisville.—The subject of this case was an intemperate man, 23 years of age, admitted into the Louisville Marine Hospital, June 1st, 1840, with a transverse fracture of the tibia about three inches below femoro-tibial articulation. There was no displacement of the fragments; very little tumefaction of the soft parts, and the fibula was uninjured. A roller was firmly applied, from the toes upwards, and kept moistened; and after the tumefaction had subsided, two paste-board splints previously soaked in warm water were moulded to the limb and maintained by a roller. This treatment was continued for six weeks, when the splints were removed and it was found that no union had taken place. All dressings were then discontinued, and the patient was permitted to take exercise on crutches through the ward, for the space of three weeks, without any improvement. Friction and rubbing the fragments were then resorted to with equal want of success. On the 21st of August, nearly ten weeks after the accident, Dr. Donne introduced a seton between the fragments. Five days elapsed before there was any appearance of inflammation, it then gradually increased to the 7th of September, when it was attended with some febrile action, furred tongue, &c. and the seton was removed. On the 17th of September, splints and a roller were applied, and on the 8th of October the limb seemed firm, and a few weeks afterwards he was discharged cured.—*Western Journ. Med. and Surg.* August, 1841.

Ligation of External Iliac Artery.—This operation was performed on the 24th of July last by Dr. EDWARD PEACE, on a patient in the Pennsylvania Hospital affected with inguinal aneurism. The ligature came away on the 24th day, and the patient up to the present time has done remarkably well.

Prof. Mott's Orthopedic Institution.—We invite especial attention to the announcement of the opening of this establishment. The extensive reputation, experience, and eminent skill of the distinguished surgeon at its head, and the opportunities he has had of examining the best institutions of a similar character abroad, and of witnessing the effects of the methods of treatment therein employed, concur to the assurance that patients placed under his care will receive all the relief which modern science and skill can afford.

Albany Medical College.—Our distinguished Collaborator, Dr. T. R. Beck, has been appointed Professor of Materia Medica in this college. This acquisition cannot fail to add much to the strength and usefulness of the School.

Vermont Academy of Medicine.—There were 54 students in attendance on the last course in this Institution. The present Faculty are as follows: Horace Green, M. D., Theory and Practice of Medicine; James McClintock, M. D., General, Special and Surgical Anatomy and Medical Jurisprudence; James Hadley, M. D., Chemistry and Pharmacy; Frank H. Hamilton, M. D., Principles and Practice of Surgery; Joseph Perkins, M. D., Therapeutics, Materia Medica, and Obstetrics; Chauncey L. Mitchell, M. D., Physiology, General Pathology and Operative Obstetrics; W. C. Wallace, M. D., Ophthalmic Surgery; Egbert Jamieson, M. D., Demonstrator of Anatomy. The next term will commence on the second Tuesday in March, and continue fourteen weeks.

Louisville Medical Institute.—The number of graduates the past session was 48. The next session will commence on the first Monday in November, and close the last of February.

Wills Hospital for the Blind and Lame.—This Institution is open for the purposes of clinical instruction; and from its organization is susceptible of being